

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)USE FEC MAILING LABEL
OR TYPE OR PRINT ▼Example: If typing, type
over the lines

Cicilline Committee

ADDRESS (number and street)
▼

118 N Main St

☒ XCheck if different
than previously
reported. (ACC)

Suite 2

Providence

RI

02903

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00476564

3. IS THIS
REPORT ☐NEW
(N)

OR

☒ X AMENDED
(A)

RI

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of

(c) 30-Day POST-Election Report for the:

☒ X

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

02

2010

in the
State of

RI

5. Covering Period

10

14

2010

through

11

22

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Nancy Benoit

Signature of Treasurer

Electronically Filed by Nancy Benoit

Date

08

02

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)